

Edit/Audit Inquiry Results Edit-303 ESC-1200

Edit Information

Edit Number	303	esc Number	1200	NCPDP Code	
Short Desc	One Service Unit Per Month - Deny				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per rolling month, set the edit. See Value Sets "0303/1200 001" thru "0303/1200 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1201

Edit Information

Edit Number	303	esc Number	1201	NCPDP Code	
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Short Desc	Four Service Units Per Month - Deny - Same Provider or Site
Long Desc	Frequency Limitation Exceeded
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than four service units per rolling month, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0303/1201 001" thru "0303/1201 nnn" for procedure codes.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1202

Edit Information

Edit Number	303	esc Number	1202	NCPDP Code	
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Short Desc	One Service Unit Per Two Months - Deny
Long Desc	Frequency Limitation Exceeded
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per two rolling months, set the edit. See Value Sets "0303/1202 001" thru "0303/1202 nnn" for procedure codes.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH	TDO
FAMIS	Y	Assessments	

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1203

Edit Information

Edit Number	303	esc Number	1203	NCPDP Code	
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Short Desc	One Service Unit Per Three Months - Deny
Long Desc	Frequency Limitation Exceeded
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per three rolling months, set the edit. See Value Sets "0303/1203 001" thru "0303/1203 nnn" for procedure codes and value set EXCEPT INDIC 0303/1203 for EXCEPTION INDICATOR exclusions.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1204

Edit Information

Edit Number	303	esc Number	1204	NCPDP Code	
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Short Desc	One Service Unit Per Nine Months - Deny - Same Provider or Site
Long Desc	Frequency Limitation Exceeded
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per nine rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0303/1204 001" thru "0303/1204 nnn" for procedure codes.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1205

Edit Information

Edit Number	303	esc Number	1205	NCPDP Code	
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Short Desc	One Service Unit Per Ten Months - Deny
Long Desc	Frequency Limitation Exceeded
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per ten rolling months, set the edit. See Value Sets "0303/1205 001" thru "0303/1205 nnn" for procedure codes.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1206

Edit Information

Edit Number	303	esc Number	1206	NCPDP Code	
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Short Desc	One Service Unit Per Eleven Months - Deny				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per eleven rolling months, set the edit. See Value Sets "0303/1206 001" thru "0303/1206 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-303 ESC-1207

Edit Information

Edit Number	303	esc Number	1207	NCPDP Code	
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Short Desc	Two Service Units Per Eleven Months - Deny - Same Provider or Site				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than two service units per eleven rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0303/1207 001" thru "0303/1207 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1208

Edit Information

Edit Number	303	esc Number	1208	NCPDP Code	
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Short Desc	Five Service Units Per Eleven Months - Deny - Same Provider or Site				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than five service units per eleven rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0303/1208 001" thru "0303/1208 nnn" for procedure codes.</p> <p>This edit was end dated as of 07312010 for HCFA program codes 1 and 7</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1209

Edit Information

Edit Number	303	esc Number	1209	NCPDP Code	
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Short Desc	Six Service Units Per Eleven Months - Deny				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	If a payment request for any of the following procedure codes results in more than six service units per eleven rolling months, set the edit. See Value Sets "0303/1209 001" thru "0303/1209 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1210

Edit Information

Edit Number	303	esc Number	1210	NCPDP Code	
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Short Desc	One Service Unit Per Twelve Months - Deny				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per twelve rolling months, set the edit. See Value Sets "0303/1210 001" thru "0303/1210 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1211

Edit Information

Edit Number	303	esc Number	1211	NCPDP Code	
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Short Desc	One Service Unit Per Twelve Months - Deny - Same Provider or Site				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per twelve rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0303/1211 001" thru "0303/1211 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1212

Edit Information

Edit Number	303	esc Number	1212	NCPDP Code	
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Short Desc	One Service Unit Per Thirty-Six Months - Deny - Same Provider or Site				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per thirty-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0303/1212 001" thru "0303/1212 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1213

Edit Information

Edit Number	303	esc Number	1213	NCPDP Code	
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Short Desc	One Service Unit Per Forty-Eight Months - Deny - Same Provider or Site				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per forty-eight rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0303/1213 001" thru "0303/1213 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 303 ESC 1214

Edit Information

Edit Number	303	esc Number	1214	NCPDP Code	
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Short Desc	Two Service Units Per Eleven Months - Deny - Same Provider or Site				
Long Desc	Frequency Limitation Exceeded				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than two service units per eleven rolling months and enrollee age is 0 - 2 years, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0303/1214 001" thru "0303/1214 nnn" for procedure codes.</p> <p>This edit was end dated as of 07312010 for HCFA program codes 1 and 7</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 203 ESC 1215

Edit Information

Edit Number	203	esc Number	1215	NCPDP Code	
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Short Desc	One Service Unit Per Six Months				
Long Desc	One Service Unit Per Six Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per 6 rolling months, set the edit. This edit only applies to recipients with exception indicator R, Y, or 9. See Value Sets "0203/1215 001" thru "0203/1215 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1216

Edit Information

Edit Number	203	esc Number	1216	NCPDP Code	
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Short Desc	One Service Unit Per Month Same Provider or Site				
Long Desc	One Service Unit Per Month Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per rolling month, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1216 001" thru "0203/1216 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1217

Edit Information

Edit Number	203	esc Number	1217	NCPDP Code	
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Short Desc	Two Service Units Per Month				
Long Desc	Two Service Units Per Month				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per rolling month, set the edit. See Value Sets "0203/1217 001" thru "0203/1217 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1218

Edit Information

Edit Number	203	esc Number	1218	NCPDP Code	
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Short Desc	Two Service Units Per Two Months Same Provider or Site				
Long Desc	Two Service Units Per Two Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than two service units per two rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1218 001" thru "0203/1218 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1219

Edit Information

Edit Number	203	esc Number	1219	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	Three Service Units Per Month				
Long Desc	Three Service Units Per Month				
Edit Criteria	If a payment request for any of the following procedure codes results in more than three service units per rolling month, set the edit. See Value Sets "0203/1219 001" thru "0203/1219 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1220

Edit Information

Edit Number	203	esc Number	1220	NCPDP Code	
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Short Desc	Three Service Units Per Month Same Provider or Site				
Long Desc	Three Service Units Per Month Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than three service units per rolling month, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1220 001" thru "0203/1220 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1221

Edit Information

Edit Number	203	esc Number	1221	NCPDP Code	
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Short Desc	Six Service Units Per Month				
Long Desc	Six Service Units Per Month				
Edit Criteria	If a payment request for any of the following procedure codes results in more than six service units per rolling month, set the edit. See Value Sets "0203/1221 001" thru "0203/1221 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1222

Edit Information

Edit Number	203	esc Number	1222	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	Nine Service Units Per Month Same Provider or Site				
Long Desc	Nine Service Units Per Month Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than nine service units per rolling month, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1222 001" thru "0203/1222 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1223

Edit Information

Edit Number	203	esc Number	1223	NCPDP Code	
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Short Desc	One Service Unit Per Two Months				
Long Desc	One Service Unit Per Two Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per two rolling months, set the edit. See Value Sets "0203/1223 001" thru "0203/1223 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1224

Edit Information

Edit Number	203	esc Number	1224	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	Three Service Units Per Two Months Same Provider or Site				
Long Desc	Three Service Units Per Two Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than three service units per two rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1224 001" thru "0203/1224 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1225

Edit Information

Edit Number	203	esc Number	1225	NCPDP Code	
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Short Desc	Eight Service Units Per Two Months				
Long Desc	Eight Service Units Per Two Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than eight service units per two rolling months, set the edit. See Value Sets "0203/1225 001" thru "0203/1225 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1226

Edit Information

Edit Number	203	esc Number	1226	NCPDP Code	
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Short Desc	Two Service Units Per Three Months				
Long Desc	Two Service Units Per Three Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per three rolling months, set the edit. See Value Sets "0203/1226 001" thru "0203/1226 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1227

Edit Information

Edit Number	203	esc Number	1227	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	Seven Service Units Per Three Month				
Long Desc	Seven Service Units Per Three Month				
Edit Criteria	If a payment request for any of the following procedure codes results in more than seven service units per three rolling months, set the edit. See Value Sets "0203/1227 001" thru "0203/1227 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1228

Edit Information

Edit Number	203	esc Number	1228	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	One Service Unit Per Six Months				
Long Desc	One Service Unit Per Six Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per six rolling months, set the edit. See Value Sets "0203/1228 001" thru "0203/1228 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1229

Edit Information

Edit Number	203	esc Number	1229	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	One Service Unit Per Six Months Same Provider or Site				
Long Desc	One Service Unit Per Six Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1229 001" thru "0203/1229 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

CT 11 will always pend.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1230

Edit Information

Edit Number	203	esc Number	1230	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	Two Service Units Per Six Months				
Long Desc	Two Service Units Per Six Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per six rolling months, set the edit. See Value Sets "0203/1230 01" thru "0203/1230 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1231

Edit Information

Edit Number	203	esc Number	1231	NCPDP Code	
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Short Desc	Two Service Units Per Six Months Same Provider or Site				
Long Desc	Two Service Units Per Six Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than two service units per six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1231 001" thru "0203/1231 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

CT 11 will always pend.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1232

Edit Information

Edit Number	203	esc Number	1232	NCPDP Code	
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Short Desc	Three Service Units Per Six Months				
Long Desc	Three Service Units Per Six Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than three service units per six rolling months, set the edit. See Value Sets "0203/1232 001" thru "0203/1232 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1233

Edit Information

Edit Number	203	esc Number	1233	NCPDP Code	
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Short Desc	Four Service Units Per Six Months				
Long Desc	Four Service Units Per Six Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than four service units per six rolling months, set the edit. See Value Sets "0203/1233 001" thru "0203/1233 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1234

Edit Information

Edit Number	203	esc Number	1234	NCPDP Code	
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Short Desc	Six Service Units Per Six Months				
Long Desc	Six Service Units Per Six Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than six service units per six rolling months, set the edit. See Value Sets "0203/1234 001" thru "0203/1234 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1235

Edit Information

Edit Number	203	esc Number	1235	NCPDP Code	
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Short Desc	One Service Unit Per Eight Months Same Provider or Site				
Long Desc	One Service Unit Per Eight Months Same Provider or Site				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per eight rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure. See Value Sets "0203/1235 001" thru "0203/1235 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1236

Edit Information

Edit Number	203	esc Number	1236	NCPDP Code	
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Short Desc	One Service Unit Per Nine Months				
Long Desc	One Service Unit Per Nine Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per nine rolling months, set the edit. See Value Sets "0203/1236 001" thru "0203/1236 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1237

Edit Information

Edit Number	203	esc Number	1237	NCPDP Code	
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Short Desc	One Service Unit Per Nine Months Same provider or Site				
Long Desc	One Service Unit Per Nine Months Same provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per nine rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1237 001" thru "0203/1237 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-1238

ESC-1238

Edit Information

Edit Number	1238	esc Number	1238	NCPDP Code	DN
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Short Description	M/I BASIS OF COST
Long Description	M/I BASIS OF COST
Edit Criteria	BOC having value other than: 01 thru 14

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	N	Compound Ind	N
Type		Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date		Revision Date		
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		O	
		O	
EMC		O	
		O	
Adjustment		O	
		O	
POS		D	
Encounter		8	
Special Batch			
PA			

Programs

Program	Program Title
VPT99GEN	Pharmacy General Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-203 ESC-1238

Edit Information

Edit Number	203	esc Number	1238	NCPDP Code	
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Short Desc	One Service Unit Per Ten Months
Long Desc	One Service Unit Per Ten Months
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per ten rolling months, set the edit. See Value Sets "0203/1238 001" thru "0203/1238 nnn" for procedure codes.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1239

Edit Information

Edit Number	203	esc Number	1239	NCPDP Code	
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Short Desc	Two Service Unit Per Eleven Months				
Long Desc	Two Service Unit Per Eleven Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per eleven rolling months, set the edit. See Value Sets "0203/1239 001" thru "0203/1239 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1240

Edit Information

Edit Number	203	esc Number	1240	NCPDP Code	
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Short Desc	Nine Service Unit Per Eleven Months Same Provider or Site				
Long Desc	Nine Service Unit Per Eleven Months Same Provider or Site				
Edit Criteria	If a payment request for any of the following procedure codes results in more than nine service units per eleven rolling months, set the edit. For practitioner claims the edit only applies for the same provider. See Value Sets "0203/1240 001" thru "0203/1240 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1241

Edit Information

Edit Number	203	esc Number	1241	NCPDP Code	
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Short Desc	One Service Unit Per Twelve Months Same Provider or Site				
Long Desc	One Service Unit Per Twelve Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per twelve rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1241 001" thru "0203/1241 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

CT 11 will always pend.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1242

Edit Information

Edit Number	203	esc Number	1242	NCPDP Code	
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Short Desc	Two Service Units Per Twelve Months Same Provider or Site				
Long Desc	Two Service Units Per Twelve Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than two service units per twelve rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1242 001" thru "0203/1242 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

CT 11 will always pend.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1243

Edit Information

Edit Number	203	esc Number	1243	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	Four Service Units Per Twelve Months				
Long Desc	Four Service Units Per Twelve Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than four service units per twelve rolling months, set the edit. See Value Sets "0203/1243 001" thru "0203/1243 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1244

Edit Information

Edit Number	203	esc Number	1244	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	Four Service Units Per Twelve Months Same Provider or Site				
Long Desc	Four Service Units Per Twelve Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than four service units per twelve rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1244 001" thru "0203/1244 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1245

Edit Information

Edit Number	203	esc Number	1245	NCPDP Code	
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Short Desc	One Service Unit Per Twenty-Three Months				
Long Desc	One Service Unit Per Twenty-Three Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per twenty-three rolling months, set the edit. See Value Sets "0203/1245 001" thru "0203/1245 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

Except for mass adjustments, encounters, and special batch, all media will deny without attachments.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1246

Edit Information

Edit Number	203	esc Number	1246	NCPDP Code	
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Short Desc	Two Service Unit Per Twenty-three Months				
Long Desc	Two Service Unit Per Twenty-three Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per twenty-three rolling months, set the edit. See Value Sets "0203/1246 001" thru "0203/1246 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

Except for mass adjustments, encounters, and special batch, all media will deny without attachments.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1247

Edit Information

Edit Number	203	esc Number	1247	NCPDP Code	
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Short Desc	One Service Unit Per Twenty-Four Months				
Long Desc	One Service Unit Per Twenty-Four Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per twenty-four rolling months, set the edit. See Value Sets "0203/1247 001" thru "0203/1247 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/15/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-1248

ESC-1248

Edit Information

Edit Number	1248	esc Number	1248	NCPDP Code	0
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Short Desc	Duplicate Paymt Req For Denied XOVR
Long Desc	Duplicate Paymt Req-Denied XOVR CLM, Same Prov, Same Dos
Edit Criteria	<p>This edit is set when a payment request being processed for claim types 01, 02, 03, 10 (UB related) or 04, 05, 08, 11 and 13 (CMS related) is a duplicate of a previously denied XOVR claim based on the following parameters:</p> <p>INPATIENT (CLAIM TYPE 01): Same member ID Same servicing provider ID Same from date of service Same thru date of service</p> <p>NURSING HOME (CLAIM TYPES 02 and 10): Same member ID Same servicing provider ID Same from date of service Same thru date of service</p> <p>CORF & HOME HEALTH (CLAIM TYPE 03): Same member ID Same servicing provider ID Same from date of service Same thru date of service</p> <p>OUTPATIENT (CLAIM TYPE 03 - other than CORF and Home Health) without therapy revenue codes: Same member ID Same servicing provider ID Same from date of service</p>

	<p>Same thru date of service OUTPATIENT (CLAIM TYPE 03 - other than CORF and Home Health) with therapy revenue codes (42x, 43x, and 44x): Same member ID Same servicing provider ID Same from date of service Same thru date of service</p> <p>PERSONAL CARE (CLAIM TYPE 04): Same member ID Same servicing provider ID Same procedure code Same from date of service Same from date of service Same NDC (If procedure code being billed as a Jcode)</p> <p>PRACTITIONER - (CLAIM TYPE 05): Same member ID Same servicing provider ID Same procedure code Same from date of service Same from date of service Same NDC (If procedure code being billed as a Jcode)</p> <p>INDEPENDENT LAB (CLAIM TYPE 08): Same member ID Same servicing provider ID Same procedure code Same from date of service Same from date of service Same NDC (If procedure code being billed as a Jcode)</p> <p>DENTAL (CLAIM TYPE 11): Same member ID Same servicing provider ID Same procedure code Same from date of service Same from date of service Same NDC (If procedure code being billed as a Jcode)</p> <p>TRANSPORTATION (CLAIM TYPE 13): Same member ID Same servicing provider ID Same procedure code Same from date of service Same from date of service Same NDC (If procedure code being billed as a Jcode)</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	H	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date		
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS		DENY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
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CPA430VA	Duplicate Check
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Exceptions

NA

Resolution

Updated 6/2014

1. If the Medicare of Medicare Advantage EOB indicates a payment for the billed service – This includes payment towards the deductible. Deny 1248D.
2. If the Medicare of Medicare Advantage EOB indicates a retraction of payment for the billed service - override 1248 O.
3. If the provider or EOB indicates that the service is not covered or non-covered and no payment or partial payment for inpt hospital claims was made for the service billed, override edit 1248. If a provider is submitting an electronic claim (eighth digit in the ICN is '7'), please check for remarks on the claim image. Example: Provider has included remark 'Non Covered by Medicare' or 'Benefits Exhausted'. This is acceptable documentation. SADS charges billed with revenue code 0259 are not covered by Medicare. Override edit 1248 with disposition 'O'.
NOTE: providers must bill all rev codes when billing for an inpt stay. This is why the Medicare payment would be only a partial payment when benefits are exhausted or a revenue code is not covered when billed with the hospital stay. The claim, EOB or attachment would have to indicate benefits exhausted or non-covered for payment.
4. If the provider or EOB indicates that the service is not covered or non-covered and no payment or partial payment for an inpt hospital claims was made for the service billed, override edit 1248. If a provider is submitting a DDE claim (eighth digit in the ICN is '2'), please check for remarks on the claim image. Example: Provider has included remark 'Non Covered by Medicare' or 'Benefits Exhausted'. This is acceptable documentation. SADS charges billed with revenue code 0259 are not covered by Medicare. Override edit 1248 with disposition 'O'.
NOTE: providers must bill all rev codes when billing for inpt stays. This is why the crossover Medicare payment would be only a partial payment when benefits are exhausted or a revenue code is not covered when billed with the hospital stay. The claim, EOB or attachment would have to indicate benefits exhausted or non-covered for payment.
5. If recipient does not have Medicare listed in the eligibility TPL file – Override 1248
6. Recipient's name, date of service, billed charges should match information on EOB. If not, deny 1248.
7. If EOB indicates no payment but the conflicting claim has a payment unless steps 2, 3 or 4 apply, deny 1248D.
8. If the provider is billing for the HMO Copay and it is noted on the EOB, override 1248O.

9. If the conflicting claim was denied with edit 0364 and the Medicare EOB does not show the payment was retracted or no Medicare EOB or statement from the provider indicating the procedure code was not covered by Medicare, deny 1248D.

10. If resolution cannot be determined - add question in comment screen and transfer to location 219.

Edit/Audit Inquiry Results Edit 203

ESC 1248

Edit Information

Edit Number	203	esc Number	1248	NCPDP Code	
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Short Desc	One Service Unit Per Twenty-Four Months Same Provider or Site
Long Desc	One Service Unit Per Twenty-Four Months Same Provider or Site
Edit Criteria	<p>Edit is deleted - no procs fall into this criteria.</p> <p>If a payment request for any of the following procedure codes results in more than one service unit per twenty-four rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1248 001" thru "0203/1248 nnn" for procedure codes.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/3180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1249

Edit Information

Edit Number	203	esc Number	1249	NCPDP Code	
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Short Desc	One Service Unit Per Thirty Months				
Long Desc	One Service Unit Per Thirty Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per thirty rolling months, set the edit. See Value Sets "0203/1249 001" thru "0203/1249 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 1250

ESC 1250

Edit Information

Edit Number	1250	esc Number	1250	NCPDP Code	
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Short Desc	Transportation Service Code - Max Units is 1				
Long Desc	Transportation Service Code - Max Units is 1				
Edit Criteria	<p>For transportation claims, transportation encounters, and XOVb transportation claims:</p> <p>If the procedure code is a transportation service code (see list below) and claim units are greater than 1, move one to units and set edit 1250 (EOB).</p> <p>Service Code</p> <p>A0426</p> <p>A0427</p> <p>A0428</p> <p>A0429</p> <p>A0433</p> <p>A0434</p> <p>A0225</p> <p>A0430</p> <p>A0431</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
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Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	10/1/2009	Revision Date	7/27/2009	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter		0	
Special Batch		EOB	
PA			

Programs

Program	Program Title
CPA340	CMS-1500 Service/PA Edit

Exceptions

None

Resolution

None

Edit/Audit Inquiry Results Edit 1251

ESC 1251

Edit Information

Edit Number	1251	esc Number	1251	NCPDP Code	
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Short Desc	Service Must be Authorized				
Long Desc	Service Must be Authorized				
Edit Criteria	For XOVB transportation claims: - If the procedure's PA type is '01' or '03', set edit 1251.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	10/1/2009	Revision Date	7/27/2009
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	

EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA340	CMS-1500 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1252

ESC 1252

Edit Information

Edit Number	1252	esc Number	1252	NCPDP Code	
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Short Desc	Payment Reduced to Medicare Billed/Allowed				
Long Desc	Payment Reduced to Medicare Billed/Allowed				
Edit Criteria	After the current allowed amount calculation is done and edit 0364 has not been set for claim: - If the allowed amount is greater than the (medicare billed or medicare allowed), the allowed amount is set to the lesser of (medicare billed and medicare allowed), set edit. - If either the medicare billed or medicare allowed is equal to zero, pay zero and set edit..				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	\$	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	7/27/2009
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter		0	
Special Batch		EOB	
PA			

Programs

Program	Program Title
CPA046	Crossover Pricing

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 740 ESC 1253

Edit Information

Edit Number	740	esc Number	1253	NCPDP Code	
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Short Desc	Same Procedure, Same Day, Different Modifiers
Long Desc	Same Procedure, Same Day, Different Modifiers
Edit Criteria	<p>This edit is set if there are two claims that meet the following criteria:</p> <p>Same enrollee Exception Indicator is not 'S' Same procedure code Different procedure modifier Same date of service Different provider Procedure codes in the range A0000 - 09999, or 70000 - 99999</p> <p>Edit is bypassed for the following procedure modifier combinations between the two claims: 80, 81, 82 vs. not 80, 81, 82 47, 23 vs. not 47, 23 77 vs. not 77 91 vs. not 91 TC vs. 26, 52 HF vs. not HF SG vs. not SG</p> <p>Edit is bypassed for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different</p> <p>See Value Set "PROC 0740/1253" for procedure codes and "PROC MOD 740/1253" for procedure modifiers. See Value Set "Day Support Waiver Exception" for exception indicator.</p> <p>Different from current system: This is a new edit.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	

Type	C	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		2	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 319. All SLH Pends are assigned to LOC 310.

Resolution

Practitioner: (Updated 03/28/11) 1. Check for keying/scanning errors. If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. If 2 different providers are billing for the same service, override 1253 and enter disposition O.

3. If modifier 59 conflicts with a blank or 22 modifier, override 1253.

4. If modifier SG conflicts with a blank or any other modifier override with 1253 and disposition indicator O.

5. If a Pharmacy (provider type 60) is billing with an "S" procedure code and modifier "59", override with 1253 and disposition indicator O.

Edit/Audit Inquiry Results Edit 740 ESC 1254

Edit Information

Edit Number	740	esc Number	1254	NCPDP Code	
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Short Desc	Same Procedure, Same Day, Different Modifiers				
Long Desc	Same Procedure, Same Day, Different Modifiers				
Edit Criteria	<p>This edit is set if there are two claims that meet the following criteria:</p> <p>Same enrollee Same procedure code Different procedure modifier Same date of service Same provider Procedure codes in the range 10000 - 69999</p> <p>Edit is bypassed for the following procedure modifier combinations between the two claims:</p> <p>76 vs. not 76 91 vs. Not 91 01 - 18 vs. 01 - 18 blank vs. 54, 55, 56</p> <p>Edit is bypassed for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different</p> <p>See Value Set "PROC 0740/1254".</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	C	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 319. All SLH Pends are assigned to LOC 310.

Resolution

Refer to the resolution instructions for edit 0740/0740. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit 740

ESC 1255

Edit Information

Edit Number	740	esc Number	1255	NCPDP Code	
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Short Desc	Same Procedure, Same Day, Different Modifiers				
Long Desc	Same Procedure, Same Day, Different Modifiers				
Edit Criteria	<p>This edit is set if there are two claims that meet the following criteria:</p> <p>Same enrollee Same procedure code Different procedure modifier Same date of service Different provider Procedure codes in the range 10000 - 69999</p> <p>Edit is bypassed for the following valid procedure modifier combinations between the two claims: 80, 81, 82 vs. not 80, 81, 82 47, 23 vs. not 47, 23 77 vs. not 77 91 vs. not 91 TC vs. 26, 52 blank vs. 54, 55, 56 SG vs. not SG</p> <p>Edit is bypassed for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different</p> <p>See Value Set "PROC 0740/1255".</p> <p>Different from current system: This is a new edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	C	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 319. All SLH Pends are assigned to LOC 310.

Resolution

Edit 1255
Practitioner:
1. Check for keying/scanning errors.
If errors are found in unprotected fields, correct the field entry.
If errors are found in protected fields, deny the pending payment request using code 0098 and dis-

position indicator D.

2 .If modifier is 22 vs. any other modifier or blank, override 1255

3. Modifier SG vs. any other modifier or blank, override 1255

4. Provider type 049 vs. any other provider type, override 1255

Edit/Audit Inquiry Results Edit 934 ESC 1256

Edit Information

Edit Number	934	esc Number	1256	NCPDP Code	
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Short Desc	Umbrella Audit - Postpartum Visits, Same Provider
Long Desc	Postpartum visits are not payable within 60 days of delivery
Edit Criteria	Procedure codes 59400 through 59622 are not payable 60 days before 99201 through 99215 if billed by the same provider. If billed, set the edit. See Value Set "PROC 0934/1256". Different from current system: This is a new edit.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	C	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

If any claims pend for 1256, override the edit with 1256 and Disposition indicator O.

Edit/Audit Inquiry Results Edit-203 ESC-1257

Edit Information

Edit Number	203	esc Number	1257	NCPDP Code	
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Short Desc	Exceeds Two Service Units Per Day				
Long Desc	Exceeds Two Service Units Per Day				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per day, set the edit. See Value Sets "0203/1257 001" thru "0203/1257 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1257
Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit 203 ESC 1258

Edit Information

Edit Number	203	esc Number	1258	NCPDP Code	
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Short Desc	Exceeds Three Service Units Per Day				
Long Desc	Exceeds Three Service Units Per Day				
Edit Criteria	If a payment request for any of the following procedure codes results in more than three service units per day, set the edit. See Value Sets "0203/1258 001" thru "0203/1258 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1258:
Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit-203 ESC-1259

Edit Information

Edit Number	203	esc Number	1259	NCPDP Code	
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Short Desc	Exceeds Four Service Units Per Day				
Long Desc	Exceeds Four Service Units Per Day				
Edit Criteria	If a payment request for any of the following procedure codes results in more than three service units per day, set the edit. See Value Sets "0203/1259 001" thru "0203/1259 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1259:
Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit-203 ESC-1260

Edit Information

Edit Number	203	esc Number	1260	NCPDP Code	
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Short Desc	Exceeds Five Service Units Per Day				
Long Desc	Exceeds Five Service Units Per Day				
Edit Criteria	If a payment request for any of the following procedure codes results in more than five service units per day, set the edit. See Value Sets "0203/1260 001" thru "0203/1260 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1260:
Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit-203

ESC-1261

Edit Information

Edit Number	203	esc Number	1261	NCPDP Code	
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Short Desc	Exceeds Nine Service Units Per Day				
Long Desc	Exceeds Nine Service Units Per Day				
Edit Criteria	If a payment request for any of the following procedure codes results in more than nine service units per day, set the edit. See Value Set "0203/1261 001" for procedure codes				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	

Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1261: Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit 203 ESC 1262

Edit Information

Edit Number	203	esc Number	1262	NCPDP Code	
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Short Desc	Exceeds 20 Service Units Per Day				
Long Desc	Exceeds 20 Service Units Per Day				
Edit Criteria	If a payment request for any of the following procedure codes results in more than twenty service units per day, set the edit. See Value Set "0203/1262 001" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1262:
Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit-203 ESC-1263

Edit Information

Edit Number	203	esc Number	1263	NCPDP Code	
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Short Desc	Exceeds Five Service Units Per Thirty Days				
Long Desc	Exceeds Five Service Units Per Thirty Days				
Edit Criteria	If a payment request for any of the following procedure codes results in more than five service units per thirty days, set the edit. See Value Set "0203/1263 001" thru "0203/1263 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1263:
Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit-203 ESC-1264

Edit Information

Edit Number	203	esc Number	1264	NCPDP Code	
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Short Desc	Exceeds Two Service Units Per Thirty Days				
Long Desc	Exceeds Two Service Units Per Thirty Days				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per 30 days, set the edit. See Value Sets "0203/1264 001" thru "0203/1264 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1264: Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit-203 ESC-1265

Edit Information

Edit Number	203	esc Number	1265	NCPDP Code	
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Short Desc	Exceeds Three Service Units Per Thirty Days				
Long Desc	Exceeds Three Service Units Per Thirty Days				
Edit Criteria	If a payment request for any of the following procedure codes results in more than three service units per thirty days, set the edit. See Value Set "0203/1265 001" thru "0203/1265 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1265:
Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit-203 ESC-1266

Edit Information

Edit Number	203	esc Number	1266	NCPDP Code	
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Short Desc	Exceeds Four Service Units Per Thirty Days
Long Desc	Exceeds Four Service Units Per Thirty Days
Edit Criteria	If a payment request for any of the following procedure codes results in more than four service units per thirty days, set the edit. See Value Set "0203/1266 001" thru "0203/1266 nnn" for procedure codes.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

Edit 1266:
Dental claims with attachments are to be reviewed by Dr. Riggs. Transfer the claim to Location 404.

Edit/Audit Inquiry Results Edit 1267

ESC 1267

Edit Information

Edit Number	1267	esc Number	1267	NCPDP Code	
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Short Desc	EAPG Same Significant Procedure Con
Long Desc	EAPG Same Significant Procedure Consolidation
Edit Criteria	This edit is set on claims as a result of EAPG Same significant procedure consolidation. This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	4/5/2010	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA416CI	EAPG Integration Program - CICS
CPA416VA	EAPG Integration Program – Batch
CPA417CI	EAPG Outpatient Pricing Program - CICS
CPA417VA	EAPG Outpatient Pricing Program - Batch

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.
DENY is changed to EOB by program CPA417CI and CPA417VA

Resolution

(None)

Edit/Audit Inquiry Results Edit 1268

ESC 1268

Edit Information

Edit Number	1268	esc Number	1268	NCPDP Code	
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Short Desc	EAPG Clinical Significant Procedure Cons
Long Desc	EAPG Clinical Significant Procedure Consolidation
Edit Criteria	<p>This edit is set on claims as a result of EAPG Clinical significant procedure consolidation.</p> <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	4/5/2010	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA416CI	EAPG Integration Program - CICS
CPA416VA	EAPG Integration Program – Batch
CPA417CI	EAPG Outpatient Pricing Program - CICS
CPA417VA	EAPG Outpatient Pricing Program - Batch

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.
DENY is changed to EOB by program CPA417CI and CPA417VA

Resolution

(None)

Edit/Audit Inquiry Results Edit 1269

ESC 1269

Edit Information

Edit Number	1269	esc Number	1269	NCPDP Code	
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Short Desc	EAPG Multiple Significant Pcedure
Long Desc	EAPG Multiple Significant Pcedure Discounting
Edit Criteria	<p>This edit is set on claims as a result of EAPG Multiple significant procedure discounting.</p> <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	4/5/2010	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA416CI	EAPG Integration Program - CICS
CPA416VA	EAPG Integration Program – Batch
CPA417CI	EAPG Outpatient Pricing Program - CICS
CPA417VA	EAPG Outpatient Pricing Program - Batch

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.
 DENY is changed to EOB by program CPA417CI and CPA417VA

Resolution

(None)

Edit/Audit Inquiry Results Edit 203

ESC 1270

Edit Information

Edit Number	203	esc Number	1270	NCPDP Code	
-------------	-----	------------	------	------------	--

Short Desc	One Service Unit Per Thirty-Six Months Same Provider or Site				
Long Desc	One Service Unit Per Thirty-Six Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per thirty-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1270 001" thru "0203/1270 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

CT 11 will always pend to location 200 for both attachment and no attachment. This edit was turned off for claim type 05 on 4/15/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1271

Edit Information

Edit Number	203	esc Number	1271	NCPDP Code	
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Short Desc	Two Service Unit Per Thirty-Six Months Same Provider or Site				
Long Desc	Two Service Unit Per Thirty-Six Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than two service units pe thirty-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1271 001" thru "0203/1271 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1272

Edit Information

Edit Number	203	esc Number	1272	NCPDP Code	
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Short Desc	Four Service Unit Per Thirty-Six Months Same Provider or Site				
Long Desc	Four Service Unit Per Thirty-Six Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than four service units per thirty-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1272 001" thru "0203/1272 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1273

Edit Information

Edit Number	203	esc Number	1273	NCPDP Code	
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Short Desc	Eight Service Units Per Forty-Seven Months Same Provider or Site				
Long Desc	Eight Service Units Per Forty-Seven Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than eight service units per forty-seven rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1273 001" thru "0203/1273 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1274

Edit Information

Edit Number	203	esc Number	1274	NCPDP Code	
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Short Desc	One Service Unit Per Fifty-Eight Months				
Long Desc	One Service Unit Per Fifty-Eight Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per fifty-eight rolling months, set the edit. See Value Sets "0203/1274 001" thru "0203/1274 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny

Edit/Audit Inquiry Results Edit 203 ESC 1275

Edit Information

Edit Number	203	esc Number	1275	NCPDP Code	
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Short Desc	One Service Unit Per Sixty Months Same Provider or Site				
Long Desc	One Service Unit Per Sixty Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per sixty rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1275 001" thru "0203/1275 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

CT 11 will always pend. This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1276

Edit Information

Edit Number	203	esc Number	1276	NCPDP Code	
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Short Desc	Two Service Units Per Sixty Months				
Long Desc	Two Service Units Per Sixty Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per sixty rolling months, set the edit. See Value Sets "0203/1276 001" thru "0203/1276 nnn" for procedure codes				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1277

Edit Information

Edit Number	203	esc Number	1277	NCPDP Code	
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Short Desc	Four Service Unit Per Sixty Months				
Long Desc	Four Service Unit Per Sixty Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than four service units per sixty rolling months, set the edit. See Value Sets "0203/1277 001" thru "0203/1277 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1278

Edit Information

Edit Number	203	esc Number	1278	NCPDP Code	
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Short Desc	Six Service Unit Per Eighty-Three Months Same Provider or Site				
Long Desc	Six Service Unit Per Eighty-Three Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than six service unit per eighty-three rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1278 001" thru "0203/1278 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1279

Edit Information

Edit Number	203	esc Number	1279	NCPDP Code	
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Short Desc	Six Service Units Per Ninety-Six Months Same Provider or Site				
Long Desc	Six Service Units Per Ninety-Six Months Same Provider or Site				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than six service units per ninety-six rolling months, set the edit. For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0203/1279 001" thru "0203/1279 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	DENY	
EMC	200	PEND	
	200	DENY	
Adjustment	200	PEND	
	200	DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203

ESC 1280

Edit Information

Edit Number	203	esc Number	1280	NCPDP Code	
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Short Desc	Two Service Units Per Thirty-Six Months				
Long Desc	Two Service Units Per Thirty-Six Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than two service units per thirty-six rolling months, set the edit. See Value Sets "0203/1280 001" thru "0203/1280 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/15/2004; it had been set to pend for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1281

Edit Information

Edit Number	745	esc Number	1281	NCPDP Code	
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Short Desc	Eight Service Units Per Month - Pend - PA Override
Long Desc	Review of Service Frequency - PA Override
Edit Criteria	<p>If a payment request for any of the following procedures results in more than eight service units per rolling month and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1281 001" thru "0745/1281 nnn" for procedure codes.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-745 ESC-1282

Edit Information

Edit Number	745	esc Number	1282	NCPDP Code	
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Short Desc	One Service Unit Per Two Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per two rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1282 001" thru "0745/1282 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1283

Edit Information

Edit Number	745	esc Number	1283	NCPDP Code	
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Short Desc	Three Service Units Per Two Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than three service units per two rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/3283 001" thru "0745/3283 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-745 ESC-1284

Edit Information

Edit Number	745	esc Number	1284	NCPDP Code	
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Short Desc	Four Service Units Per Two Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than four service units per two rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1284 001" thru "0745/1284 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1285

Edit Information

Edit Number	745	esc Number	1285	NCPDP Code	
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Short Desc	Five Service Units Per Two Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than five service units per two rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1285 001" thru "0745/1285 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1286

Edit Information

Edit Number	745	esc Number	1286	NCPDP Code	
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Short Desc	One Service Unit Per Three Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	If a payment request for any of the following procedures results in more than one service unit per three rolling months and there is no PA on the PA File for the service, set the edit. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set. See Value Sets "0745/1286 001" thru "0745/1286 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1287

Edit Information

Edit Number	745	esc Number	1287	NCPDP Code	
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Short Desc	One Service Unit Per Six Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per six rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1287 001" thru "0745/1287 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-745 ESC-1288

Edit Information

Edit Number	745	esc Number	1288	NCPDP Code	
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Short Desc	Two Service Units Per Six Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than two service units per six rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1288 001" thru "0745/1288 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1289

Edit Information

Edit Number	745	esc Number	1289	NCPDP Code	
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Short Desc	One Service Unit Per Twelve Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per twelve rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1289 001" thru "0745/1289 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1290

Edit Information

Edit Number	745	esc Number	1290	NCPDP Code	
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Short Desc	Two Service Units Per Twelve Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than two service units per twelve rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1290 001" thru "0745/1290 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-745 ESC-1291

Edit Information

Edit Number	745	esc Number	1291	NCPDP Code	
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Short Desc	Four Service Units Per Twelve Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than four service units per twelve rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1291 001" thru "0745/1291 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1292

Edit Information

Edit Number	745	esc Number	1292	NCPDP Code	
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Short Desc	Six Service Units Per Twelve Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than six service units per twelve rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1292 001" thru "0745/1292 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care	Y	Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1293

Edit Information

Edit Number	745	esc Number	1293	NCPDP Code	
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Short Desc	One Service Unit Per Twenty-Four Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per twenty-four rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1293 001" thru "0745/1293 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1294

Edit Information

Edit Number	745	esc Number	1294	NCPDP Code	
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Short Desc	Two Service Units Per Twenty-Four Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than two service units per twenty-four rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1294 001" thru "0745/1294 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1295

Edit Information

Edit Number	745	esc Number	1295	NCPDP Code	
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Short Desc	One Service Unit Per Thirty-Six Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per thirty-six rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1295 001" thru "0745/1295 nnn" for procedure codes</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1296

Edit Information

Edit Number	745	esc Number	1296	NCPDP Code	
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Short Desc	One Service Unit Per 36 Months - Pend - PA Override - Same Provider or Site				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per 36 rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0745/1296 001" thru "0745/1296 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	

Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1297

Edit Information

Edit Number	745	esc Number	1297	NCPDP Code	
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Short Desc	Two Service Units Per Thirty-Six Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than two service units per thirty-six rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1297 001" thru "0745/1297 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-745 ESC-1298

Edit Information

Edit Number	745	esc Number	1298	NCPDP Code	
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Short Desc	One Service Unit Per Sixty Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per sixty rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1298 001" thru "0745/1298 nnn" for procedure codes</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 745 ESC 1299

Edit Information

Edit Number	745	esc Number	1299	NCPDP Code	
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Short Desc	One Service Unit Per 60 Months - Pend - PA Override - Same Provider on Site				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per 60 rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0745/1299 001" thru "0745/1299 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	

Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-745 ESC-1300

Edit Information

Edit Number	745	esc Number	1300	NCPDP Code	
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Short Desc	Two Service Unit Per Sixty Months - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than two service units per sixty rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/1300 001" thru "0745/1300 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05 with an attachment and to deny without an attachment. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 for attachment and to deny for no attachment with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-745 ESC-1301

Edit Information

Edit Number	745	esc Number	1301	NCPDP Code	
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Short Desc	Two Service Units Per 60 Months - Pend - PA Override -Same Provider or Site				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than two service units per 60 rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0745/1301 001" thru "0745/1301 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
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Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0745/0745. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-203 ESC-1302

Edit Information

Edit Number	203	esc Number	1302	NCPDP Code	
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Short Desc	One Service Unit Per Eleven Months				
Long Desc	One Service Unit Per Eleven Months				
Edit Criteria	If a payment request for any of the following procedure codes results in more than one service unit per eleven rolling months, set the edit. See Value Sets "0203/1302 001" thru "0203/1302 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-825 ESC-1303

Edit Information

Edit Number	825	esc Number	1303	NCPDP Code	
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Short Desc	Limitation Audit - Once In a Lifetime, Same Prov or Site - Deny				
Long Desc	Once-in-a-Lifetime Service				
Edit Criteria	<p>This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time.</p> <p>For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0825/1303 001" thru "0825/1303 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-825 ESC-1304

Edit Information

Edit Number	825	esc Number	1304	NCPDP Code	
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Short Desc	Limitation Audit - Once In a Lifetime, Any Provider - Pend				
Long Desc	Once-in-a-Lifetime Service				
Edit Criteria	<p>This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time by any provider. Bypass if procedure modifier is U1 - U9, 24, 25, 57, 59, 75, 79, SG</p> <p>See Value Sets "0825/1304 001" thru "0825/1304 nnn" for procedure codes. See Value Sets "Proc Mods that Bypass Claimchk" and "ASC Modifier" for modifiers .</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310.
--

Resolution

All Claim Types:

1. Check for keying/scanning errors.
If errors are found in unprotected fields, correct the field entry.
If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.
2. Review attachment/remarks for justification of additional procedure.
If justification is provided for the additional procedure, override with code 1304 and disposition indicator O.
If justification is not provided, deny with code 1304 and disposition indicator D.
If pending or conflicting claim has an "SG" modifier override with code 1304 and disposition indicator O.

Edit/Audit Inquiry Results Edit-825 ESC-1305

Edit Information

Edit Number	825	esc Number	1305	NCPDP Code	
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Short Desc	Limitation Audit - Once In a Lifetime, Same Prov or Site - Pend				
Long Desc	Once-in-a-Lifetime Service				
Edit Criteria	<p>This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time.</p> <p>For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0825/1305 001" thru "0825/1305 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310.
--

Resolution

<p>All Claim Types:</p> <ol style="list-style-type: none">1. Check for keying/scanning errors. If errors are found in unprotected fields, correct the field entry. If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.2. Review attachment/remarks for justification of additional procedure. If justification is provided for the additional procedure, override with code 1305 and disposition indicator O. If justification is not provided, deny with code 1305 and disposition indicator D.
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Edit/Audit Inquiry Results Edit-937 ESC-1306

Edit Information

Edit Number	937	esc Number	1306	NCPDP Code	
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Short Desc	Limitation Audit: Twice in a Lifetime, Any Provider - Pend				
Long Desc	This is a twice-in-a-lifetime procedure.				
Edit Criteria	This limitation audit fails when a twice-in-a-lifetime procedure code is billed a third time by any provider. See Value Sets "0937/1306 001" thru "0937/1306 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of additional procedure.

If justification is provided for the additional procedure, override with code 1306 and disposition indicator O.

If justification is not provided, deny with code 1306 and disposition indicator D.

Edit/Audit Inquiry Results Edit-937 ESC-1307

Edit Information

Edit Number	937	esc Number	1307	NCPDP Code	
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Short Desc	Limitation Audit: Twice in a Lifetime, Same Prov or Site - Pend				
Long Desc	This is a twice-in-a-lifetime procedure.				
Edit Criteria	<p>This limitation audit fails when a twice-in-a-lifetime procedure code is billed a third time.</p> <p>For practitioner claims the edit only applies for the same provider. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure and same surface (any of the five surfaces) if surface applies to the procedure.</p> <p>See Value Sets "0937/1307 001" thru "0937/1307 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of additional procedure.

If justification is provided for the additional procedure, override with code 1307 and disposition indicator O.

If justification is not provided, deny with code 1307 and disposition indicator D.

Edit/Audit Inquiry Results Edit-938 ESC-1308

Edit Information

Edit Number	938	esc Number	1308	NCPDP Code	
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Short Desc	Limitation Audit: Four in a Lifetime, Any Provider - Pend				
Long Desc	This is a four-in-a-lifetime procedure.				
Edit Criteria	This limitation audit fails when a four-in-a-lifetime procedure code is billed a fifth time by any provider. See Value Sets "0938/1308 001" thru "0938/1308 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of additional procedure.

If justification is provided for the additional procedure, override with code 1308 and disposition indicator O.

If justification is not provided, deny with code 1308 and disposition indicator D.

Edit/Audit Inquiry Results Edit-825 ESC-1309

Edit Information

Edit Number	825	esc Number	1309	NCPDP Code	
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Short Desc	Limitation Audit - Once In a Lifetime, Same Tooth - Deny				
Long Desc	Once-in-a-Lifetime Service				
Edit Criteria	<p>This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time. For dental claims the edit only applies for same tooth if tooth is applicable for the procedure.</p> <p>See Value Sets "0825/1309 001" thru "0825/1309 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

As of July 1st, 2005, dental encounter severity is changed to 8.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-944 ESC-1310

Edit Information

Edit Number	944	esc Number	1310	NCPDP Code	
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Short Desc	Physical Therapy Annual Limit				
Long Desc	Physical Therapy Annual Limit				
Edit Criteria	<p>The fiscal year limits for physical therapy are as follows:</p> <ul style="list-style-type: none"> - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 07/01/2003 and prior to 07/01/2009: Effective 07/01/2003, school (DOE) related claims (PT 072) would not require a PA for any Physical Therapy services and is excluded from this edit; non-school related claim services would be reduced from 24 to 5 before a PA is required, and CORF (PT 019) is excluded from this edit. - DOS of current claim on or after 07/01/2009. The total hours for the enrollee's claims cannot exceed 5 without PA. <p>CT 03 - Outpatient and Home Health. Physical Therapy Revenue Codes that are associated for this edit are 0420 - 0424. (One unit represents one hour.)</p> <p>CT 05 - Practitioners, PT 019 (CORF) and PT 057 (Rehab Agency) only. Physical Therapy Procedure Codes that are associated for this edit are 97001, 97110, and 97150. (One unit represents one hour except for 97110, where one unit represents .25 hours.)</p>				

	<p>Prior authorized units on History claims do not count toward the limit.</p> <p>If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is no PA on the claim, set the edit.</p> <p>If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim's units are to be deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set, or if there are no remaining authorized units, Edit 1310 is set.</p> <p>See Value Sets "REV/PROC 944/1310 CT 05", "REV CODE 0944/1310 CT03", "PROV TYPE EXCLUS 0944/1310 03", "PROV TYPE EXCLUS 0944/1310 CT05", and "PROV TYPE INC THERAPY LIMIT".</p>				
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	1/12/2000	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		NONC	
		NONC	
EMC		NONC	
		NONC	
Adjustment		NONC	
		NONC	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-945 ESC-1311

Edit Information

Edit Number	945	esc Number	1311	NCPDP Code	
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Short Desc	Occupational Therapy Annual Limit				
Long Desc	Occupational Therapy Annual Limit				
Edit Criteria	<p>The fiscal year limits for occupational therapy are as follows:</p> <ul style="list-style-type: none"> - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 07/01/2003 and prior to 07/01/2009: Effective 07/01/2003, school (DOE) related claims (PT 072) would not require a PA for any Occupational Therapy services and is excluded from this edit; non-school related claim services would be reduced from 24 to 5 before a PA is required (Edit 0945/1311), and CORF (PT 019) is excluded from this edit. - DOS of current claim on or after 07/01/2009. The total hours for the enrollee's claims cannot exceed 5 without PA. <p>CT 03 - Outpatient and Home Health. Occupational Therapy Revenue Codes that are associated for this edit are 0430 - 0434. (One unit represents one hour.)</p> <p>CT 05 — Practitioners, PT 019 (CORF) and PT 057 (Rehab Agency) only. Occupational Therapy Procedure Codes that are associated for this edit are 97003, 97530, and S9129. (One unit represents one hour</p>				

except for 97530 where one unit represents .25 hours.)				
Prior authorized units on History claims do not count toward the limit.				
If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is no PA on the claim, set the edit.				
If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim's units are to be deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set, or if there are no remaining authorized units, Edit 1311 is set.				
See Value Sets "REV/PROC 945/1311 CT 05", "REV CODE 0945/1311", "PROV TYPE INC THERAPY LIMIT", "PROV TYPE EXCLUS 0945/1311", and "PROV TYPE INCLUS 0945/1311 (New Value Set)".				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	Y	Recycle Days	0
HIPAA esc		CutBack Ind	Y		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	dOS	Effective Date	1/12/2000	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		NONC	
		NONC	
EMC		NONC	
		NONC	
Adjustment		NONC	
		NONC	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-946 ESC-1312

Edit Information

Edit Number	946	esc Number	1312	NCPDP Code	
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Short Desc	Speech Therapy Annual Limit				
Long Desc	Speech Therapy Annual Limit				
Edit Criteria	<p>The fiscal year limits for speech therapy are as follows:</p> <ul style="list-style-type: none"> - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 07/01/2003 and prior to 07/01/2009: Effective 07/01/2003, school (DOE) related claims (PT 072) would not require a PA for any Speech Therapy services and is excluded from this edit; non-school related claim services would be reduced from 24 to 5 before a PA is required (Edit 0946/1312), and CORF (PT 019) is excluded from this edit. - DOS of current claim on or 07/01/2009. The total hours for the enrollee's claims cannot exceed 5 without PA. <p>CT 03 Outpatient and Home Health. Speech Therapy Revenue Codes that are associated for this edit are 0441 - 0444. (One unit represents one hour.)</p> <p>CT 05 - Practitioners, PT 019 (CORF) and PT 057 (Rehab Agency) only. Speech Therapy Procedure Codes that are associated for this edit are 92506, 92507, and 92508. (One unit represents one hour.)</p> <p>Prior authorized units on History claims do not count toward the limit.</p>				

	<p>If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is no PA on the claim, set the edit.</p> <p>If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim's units are to be deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set, or if there are no remaining authorized units, Edit 1312 is set.</p> <p>See Value Sets "REV/PROC 946/1312 CT 05", "REV PROC 0946/1312 CT 03", "PROV TYPE EXCLUS 0946/1312", and "PROV TYPE INCLUS 0946/13 12 (New Value Set)".</p>				
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	1/12/2000	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		NONC	
		NONC	
EMC		NONC	
		NONC	
Adjustment		NONC	
		NONC	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-947 ESC-1313

Edit Information

Edit Number	947	esc Number	1313	NCPDP Code	
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Short Desc	OP Psych After 1st Yr Requires PA				
Long Desc	Outpatient Psychiatric Visits After 1st Year Requires PA				
Edit Criteria	See edit 0947/0947.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	B	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Edit 1313

Practitioner Claims

After the first year of treatment, a PA is required for services (edit 0947/1313). If the current claim DOS is over a year earlier than the latest non-prior authorized history claim, current claim is pended with edit 0947/1313.

1. If there is no PA number on the claim, deny with 1313 and disposition indicator D.
2. If there is a PA number on the claim, check the PA detail screen for authorized units and authorized service dates:

If the PA was denied/rejected, or if the claim DOS is not within the approved PA date range, or if all PA units have been used, deny the claim with 1313 and disposition indicator D.

If the PA was authorized, the claim DOS is within the authorized date range, and there are still units unused, override 1313 with disposition indicator O.

Edit/Audit Inquiry Results Edit-972

ESC-1314

Edit Information

Edit Number	972	esc Number	1314	NCPDP Code	
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Short Desc	Subs Abuse After 1st Yr Requires PA				
Long Desc	Substance Abuse Services After 1st Year Requires PA				
Edit Criteria	See edit 0972/0972.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	B	Priority	Y	Recycle Days	0
HIPAA esc		CutBack Ind	Y		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1315

ESC-1315

Edit Information

Edit Number	1315	esc Number	1315	NCPDP Code	
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Short Desc	EAPG Repeat Ancillary Procedure Dis
Long Desc	EAPG Repeat Ancillary Procedure Discounting
Edit Criteria	<p>This edit is set on claims as a result of EAPG Repeat ancillary procedure discounting.</p> <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	4/5/2010	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA416CI	EAPG Integration Program - CICS
CPA416VA	EAPG Integration Program – Batch
CPA417CI	EAPG Outpatient Pricing Program - CICS
CPA417VA	EAPG Outpatient Pricing Program - Batch

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA.
DENY is changed to EOB by program CPA417CI and CPA417VA

Resolution

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1316

Edit Information

Edit Number	383	esc Number	1316	NCPDP Code	
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Short Desc	Limitation: One Hundred Twenty-four Service Units Per Year				
Long Desc	Service Limits Exceeded, Not Authorized				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one hundred twenty-four service units in one calendar year, and there is no PA on PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1316 001" thru "0383/1316 nnn" for procedure codes and "PROC MODIFIER RR".</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	Y	Recycle Days	0
HIPAA esc		CutBack Ind	Y		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

<p>This edit was turned off for claim type 05 on 4/14/2004; it had been set to deny for claim type 05.</p> <p>This edit was turned back on 8/3/2004 for claim type 05 to deny with an effective date of 1/1/1990.</p>

Resolution

(None)

Edit/Audit Inquiry Results Edit-958

ESC-1317

Edit Information

Edit Number	958	esc Number	1317	NCPDP Code	
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Short Desc	Duplicate payment request				
Long Desc	Duplicate payment request-same provider, same enrollee, same DOS, Same procedure codes				
Edit Criteria	<p>This edit Criteria is applicable between a HCFA Practitioner (Claim Type 05) and a XOVb (Claim Type 09) . This edit is set when the following conditions are met</p> <ul style="list-style-type: none"> -Same Provider -Same Enrollee -Same DOS -Same procedure codes <p>If Claims have HMO copay they will have edit 0997 set with an EOB for both CT 05 and CT 09. Duplicate editing is only done when both claims have edit 0997 (HMO Copay) set.</p> <p>See edit 0958.</p> <p>The following was left in for historical purposes. As of January 2004, this edit has been reused and the description above now applies.</p> <p>This edit is deleted - merged in with edit 383/1078</p> <p>If a payment request for any of the following procedure codes results in more than one hundred eighty-six service units in one calendar year, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>Edit only applies for claims with procedure modifier "RR" (Rental). (Note: For old rental procedure codes, modifier "RR" is assumed.)</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1317 001" thru "0383/1317 nnn" for procedure codes and "PROC MODIFIER RR".</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	D	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA420	Duplicate Check

Exceptions

None

Resolution

ESC 1317

Title-18

1. Medicare is considered the primary insurer; therefore if the conflicting claim was paid for the same procedure, and the conflicting claim was not a Title 18, the conflicting claim should be voided using void reason 1047. If the conflicting claim was a Title 18, deny the pending claim with ESC code 1317 and Disposition Indicator D.
2. If not the same procedure: Override edit with ESC code 1317 Disposition Indicator O for payment.

Edit/Audit Inquiry Results Edit-1318

ESC-1318

Edit Information

Edit Number	1318	esc Number	1318	NCPDP Code	
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Short Desc	Limitation of 2 units				
Long Desc	Limitation of 2 units per fiscal year				
Edit Criteria	If a payment request for any of the procedure codes in value set '1318/1318 001' exceeds 2 units per fiscal year for modifier U6, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	8/1/2009	Revision Date	9/16/2009
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

This edit will be implemented 08/01/2009.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1319

ESC-1319

Edit Information

Edit Number	1319	esc Number	1319	NCPDP Code	
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Short Desc	Limitation of 2 units				
Long Desc	Limitation of 2 units per fiscal year				
Edit Criteria	If a payment request for any of the procedure codes in value set '1319/1319 001' exceeds 2 units per fiscal year for modifier U7, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	1/8/2009	Revision Date	9/16/2009
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

This edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1320

ESC-1320

Edit Information

Edit Number	1320	esc Number	1320	NCPDP Code	
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Short Desc	Limitation of 2 units
Long Desc	Limitation of 2 units per fiscal year
Edit Criteria	If a payment request for any of the procedure codes in value set '1320/1320 001' exceeds 2 units per fiscal year for modifier U8, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Y		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	8/1/2009	Revision Date	9/16/2009
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The edit will be implmented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1321

ESC-1321

Edit Information

Edit Number	1321	esc Number	1321	NCPDP Code	
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Short Desc	Limitation of 2 units				
Long Desc	Limitation of 2 units per fiscal year				
Edit Criteria	If a payment request for any of the procedure codes in value set '1321/1321 001' exceeds 2 units per fiscal year for modifier U9, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	8/1/2009	Revision Date	9/16/2009
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

This edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1322

Edit Information

Edit Number	383	esc Number	1322	NCPDP Code	
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Short Desc	Limitation - 65 Units Per Month				
Long Desc	Service Limits Exceeded, Not Authorized				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than 65 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1322 001" thru "0383/1322 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1323

Edit Information

Edit Number	383	esc Number	1323	NCPDP Code	
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Short Desc	Limitation - 600 Units Per Month				
Long Desc	Service Limits Exceeded, Not Authorized				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than 600 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1323 001" thru "0383/1323 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	Y	Recycle Days	0
HIPAA esc		CutBack Ind	Y		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1324

Edit Information

Edit Number	383	esc Number	1324	NCPDP Code	
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Short Desc	Limitation - 100 Units Per Two Months				
Long Desc	Service Limits Exceeded, Not Authorized				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than 100 service units in 55 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1324 001" thru "0383/1324 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1325

Edit Information

Edit Number	383	esc Number	1325	NCPDP Code	
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Short Desc	Limitation - 300 Units Per Month				
Long Desc	Service Limits Exceeded, Not Authorized				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than 300 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1325 001" thru "0383/1325 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1326

Edit Information

Edit Number	383	esc Number	1326	NCPDP Code	
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Short Desc	Limitation - 144 Units Per Month				
Long Desc	Service Limits Exceeded, Not Authorized				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than 1443 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1326 001" thru "0383/1326 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1327

Edit Information

Edit Number	383	esc Number	1327	NCPDP Code	
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Short Desc	Limitation - 36 Units Per Month				
Long Desc	Service Limits Exceeded, Not Authorized				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than 36 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1327 001" thru "0383/1327 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-203 ESC-1328

Edit Information

Edit Number	203	esc Number	1328	NCPDP Code	
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Short Desc	250 Service Units Per Year				
Long Desc	250 Service Units Per Year				
Edit Criteria	If a payment request for any of the following procedure codes results in more than 250 service units per rolling year, set the edit. See Value Sets "0203/1328 001" thru "0203/1328 nnn" for procedure codes.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-1329

ESC-1329

Edit Information

Edit Number	1329	esc Number	1329	NCPDP Code	
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Short Desc	Minutes converted to units or procedure allow 1 unit
Long Desc	Anesthesia minutes converted to units or procedure allow only one unit
Edit Criteria	<p>For practitioner and Title XVIII claims with type of service anesthesia identified by submitter 'EDIM' and 'EDIXM' (submitted on 837P), respectively, the minutes as quantity is stored as Anesthesia Minutes and converted to units by dividing by 15 rounded.</p> <p>The submitter is changed to 'EDIM' or 'EDIXM' in the 837P translation based on the Unit or Basis of Measurement Code (SV103) being equal to 'MJ' (minutes).</p> <p>Effective from 01/01/2013 - For practitioner and Title XVIII claims with any procedure code in the value set ANES PROCS FFS PRICING FLAT RT (Value Set# 5017) always pay the flat rate for that procedure for one unit and units for these procedures are changed to 1 and post an EOB 1329</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	v	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	7/2/2004	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC		EOB	
		EOB	
Adjustment			
POS			
Encounter			
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-204 ESC-1330

Edit Information

Edit Number	204	esc Number	1330	NCPDP Code	
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Short Desc	Contraindicated Audit - Any Provider, within 366 Days				
Long Desc	Included In Related Procedure				
Edit Criteria	<p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 366 days of each other, for the same enrollee, billed by any provider. Edit only applies for current claims with procedure modifier "RR" (Rental) and history claims without modifier 'RR'. (Note: For old rental procedure codes, modifier "RR" is assumed.) See the list of same or related procedures.</p> <p>See Value Sets "0204/1330 001" thru "0204/1330 nnn" for procedure codes and "PROC MODF 0204/3330".</p> <p>Different from current system: These are currently set to test.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	C	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	

Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-383 ESC-1331

Edit Information

Edit Number	383	esc Number	1331	NCPDP Code	
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Short Desc	Limitation - 16 Units Per Month				
Long Desc	Service Limits Exceeded, Not Authorized				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than 16 service units in 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1331 001" thru "0383/1331 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	L	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1332

ESC-1332

Edit Information

Edit Number	1332	esc Number	1332	NCPDP Code	
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Short Desc	NPI Billing Provider Number Not on File				
Long Desc	NPI Billing Provider Number Not on File				
Edit Criteria	If the NPI billing provider is not on the Provider Enrollment Database, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	21
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	v	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		D	
		D	
EMC		D	
		D	
Adjustment		D	
		D	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1333

ESC-1333

Edit Information

Edit Number	1333	esc Number	1333	NCPDP Code	
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Short Desc	PRIM. PROV ID NOT FOUND - USED MDCR				
Long Desc	PRIMARY PROVIDER ID NOT FOUND - USED MEDICARE ID				
Edit Criteria	This is an EOB that is set when a Crossover claim has an NPI or Medicaid ID as well as the Medicare ID and the Medicare ID is used for processing.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	S	Effective Date	1/1/1979	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter			
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1334

ESC-1334

Edit Information

Edit Number	1334	esc Number	1334	NCPDP Code	
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Short Desc	EAPG PACKAGED - SURGICAL FLAG
Long Desc	EAPG PACKAGED FOR SURGICAL BILATERAL DISCOUNTING FLAG
Edit Criteria	<p>This edit is set on claims as a result of EAPG Bilateral discounting.</p> <p>This Edit set is when :</p> <ul style="list-style-type: none"> • GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '04' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '2' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	4/5/2010	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA416CI	EAPG Integration Program - CICS
CPA416VA	EAPG Integration Program - Batch
CPA417CI	EAPG Outpatient Pricing Program - CICS
CPA417VA	EAPG Outpatient Pricing Program - Batch

Exceptions

DENY may be changed to EOB by program CPA416CI or CPA416VA. DENY is changed to EOB by program CPA417CI and CPA417VA
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Resolution

(None)

Edit/Audit Inquiry Results Edit-301 ESC-1335

Edit Information

Edit Number	301	esc Number	1335	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service
Edit Criteria	See Edit 0301/0301. See Value Set "Prov. Type".

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

All Invoice Types:

Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 098 and disposition indicator D.

Outpatient:

1. If the Julian dates are different and the diagnosis code is the same, deny using the ESC that pended and disposition indicator D.

2. If the Julian dates are the same, check the patient account number in block 3 of both payment requests.

If patient account numbers are the same, deny using the ESC that pended and disposition indicator D.

If patient account numbers are different, override using the ESC that pended and disposition indicator O.

Outpatient/Inpatient:

Check conflicting and pending payment requests for type of service (procedure codes, ancillaries)

1. If type of service is different, override using the ESC that pended and disposition indicator O.

2. If type of service is the same, check for attachment or remarks for justification of the duplicate.

Example:

The provider is charging for two outpatient visits on the same day and states that the patient was seen at two different times.

Look for any other justifiable reason to pay the duplicate.

3. If justification is found, override using the ESC that pended and disposition indicator O.

4. If justification is not found, deny using the ESC that pended and disposition indicator D.

Practitioner:

Check for attachment/remarks for justification of the duplicate.

Example:

The provider is charging for two office visits on the same day and states that the patient was seen at two different times.

Look for any other justifiable reason to pay the duplicate.

1. If justification is found, override using the ESC that pended and disposition indicator O.

2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Independent Lab:

Review the lab invoice for remarks that give justification for the duplication, such as two tests on the same day.

1. If justification is found, override using the ESC that pended and disposition indicator O.

2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Title XVIII:

Look for documentation to justify billing.

1. If justification is found, override using the ESC that pended and disposition indicator O.

2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Dental:

If IC requested, check for remarks/documentation for justification of duplicate (same tooth X-rayed, Same tooth filled on same day).

1. If justification is found, override using the ESC that pended and disposition indicator O.

2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Transportation:

Review the documentation to determine if there was a valid reason for two trips on the same day.

Example:

Two one-way trips with the destination and pickup points reversed.

Pickup and destination points are different on the two payment requests.

Two visits necessary on the same day.

Destination is different.

Destination is the same but remarks explain reason for two trips.

1. If justification is found, override using the ESC that pended and disposition indicator O.

2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Edit/Audit Inquiry Results Edit-301

ESC-1336

Edit Information

Edit Number	301	esc Number	1336	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS				
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service				
Edit Criteria	See Edit 0301/0301.				
	See Value set "PROV. TYPE" and "REV. CODE".				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/1335 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-301 ESC-1337

Edit Information

Edit Number	301	esc Number	1337	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS				
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service				
Edit Criteria	See Edit 0301/0301.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/1335 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1338

Edit Information

Edit Number	201	esc Number	1338	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Same DOS				
Long Desc	Duplicate Payment Request - Different Provider, Same Dates of Service				
Edit Criteria	See Edit 0201/0201				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320. All SLH UB claim types that pend will pend to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1339

Edit Information

Edit Number	201	esc Number	1339	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Same DOS				
Long Desc	Duplicate Payment Request - Different Provider, Same Dates of Service				
Edit Criteria	See Edit 0201/0201				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320. All SLH UB claim types that pend will pend to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1340

Edit Information

Edit Number	201	esc Number	1340	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Same DOS				
Long Desc	Duplicate Payment Request - Different Provider, Same Dates of Service				
Edit Criteria	See Edit 0201/0201				
	See Value Set "Prov. Type".				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320. All SLH UB claim types that pend will pend to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1341

Edit Information

Edit Number	201	esc Number	1341	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Same DOS				
Long Desc	Duplicate Payment Request - Different Provider, Same Dates of Service				
Edit Criteria	See Edit 0201/0201				
	See Value Set "Prov. Type".				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320. All SLH UB claim types that pend will pend to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.
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Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number that set on the claim to override or deny.
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Edit/Audit Inquiry Results Edit-249

ESC-1342

Edit Information

Edit Number	249	esc Number	1342	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Overlap DOS				
Long Desc	Duplicate Payment Request - Same Provider, Overlapping Dates of Service				
Edit Criteria	See Edit 0249/0249.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

All Claim Types:

Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

Outpatient:

1. If the service dates are the same, check the patient account number in block 3 on both claims.

If the patient account number is the same, deny using the ESC that pended and disposition code D.

If the patient account number is different, override using the ESC that pended and disposition code O.

Outpatient/Inpatient:

2. Check conflicting claim and pending claim for type of service (i.e., procedure codes, ancillaries).

If type of service is different, override using the ESC that pended and disposition code O.

If type of service is the same, check for attachments or remarks for justification of the duplicate.

Example:

a) The provider is charging for two outpatient visits on the same day and states that the patient was seen at two different times.

b) The provider performed bilateral procedures.

c) Look for any other justifiable reason to pay the duplicate.

If justification is found, override using the ESC that pended and disposition indicator O.

If justification is not found, deny using the ESC that pended and disposition indicator D.

Practitioner:

Review the claim for attachments or remarks for justification of the duplicate.

Example:

The provider is charging for two office visits on the same day and states that the patient was seen at two different times.

The patient was seen both in the office and hospital on the same day.

The provider performed bilateral procedures (modifier 50 in block 24D).

Look for any other justifiable reason to pay the duplicate.

1. If justification is found, override using the ESC that pended and disposition indicator O.

2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Independent Lab:

Review the lab invoice for remarks justifying the duplicate, such as two tests on the same day.

1. If justification is found, override using the ESC that pended and disposition indicator O.

2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Title XVIII:

1. Check provider number, recipient number, amount and service dates. If they are the same, deny using the ESC that pended and disposition indicator D.

2. If a paper claim conflicts with a paper claim and there are no attachments or remarks, deny using the ESC that pended and disposition indicator D.

3. If a paper claim conflicts with a crossover claim, deny using the ESC that pended and disposition indicator D.

4. If a crossover claim conflicts with a crossover claim, deny using the ESC that pended and disposition indicator D.

5. If an electronic claim pends against a paper claim:

If amounts are the same, deny using the ESC that pended and disposition indicator D.

Check place of treatment and/or diagnosis code. If different, override using the ESC that pended and disposition indicator O.

6. If a paper claim pends against an electronic claim (electronic claim has 7 or 8 as the 8th digit of the reference number):

If amounts are the same, deny using the ESC that pended and disposition indicator D.

If remarks/attachment on the paper claim indicates two or more visits required on the same day, override using the ESC that pended and disposition indicator O.

Check place of treatment and/or diagnosis code. If different, override using the ESC that pended and disposition indicator O.

Dental:

If IC requested, check the remarks/attachment for justification of duplication of service (i.e., same teeth x-rayed, same tooth filled on same date of service).

1. If justification is found, override using the ESC that pended and disposition indicator O.

2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Transportation:

Transportation providers are required to bill each date on a separate line so should not incur this error. If a transportation provider bills a date range and the claim encounters this error, deny using the ESC that pended and disposition indicator D.

Edit/Audit Inquiry Results Edit-249

ESC-1343

Edit Information

Edit Number	249	esc Number	1343	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Overlap DOS				
Long Desc	Duplicate Payment Request - Same Provider, Overlapping Dates of Service				
Edit Criteria	See Edit 0249/0249.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0249/1342. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-249

ESC-1344

Edit Information

Edit Number	249	esc Number	1344	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Overlap DOS				
Long Desc	Duplicate Payment Request - Same Provider, Overlapping Dates of Service				
Edit Criteria	See Edit 0249/0249.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0249/1342. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-747 ESC-1345

Edit Information

Edit Number	747	esc Number	1345	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Overlap DOS				
Long Desc	Duplicate Payment Request - Different Provider, Overlapping Dates of Service				
Edit Criteria	This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters: See Edit 0747/0747.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-747 ESC-1346

Edit Information

Edit Number	747	esc Number	1346	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Overlap DOS				
Long Desc	Duplicate Payment Request - Different Provider, Overlapping Dates of Service				
Edit Criteria	<p>This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters:</p> <p>See Edit 0747/0747.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-747 ESC-1347

Edit Information

Edit Number	747	esc Number	1347	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Overlap DOS				
Long Desc	Duplicate Payment Request - Different Provider, Overlapping Dates of Service				
Edit Criteria	This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters: See Edit 0747/0747.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-747 ESC-1348

Edit Information

Edit Number	747	esc Number	1348	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Overlap DOS				
Long Desc	Duplicate Payment Request - Different Provider, Overlapping Dates of Service				
Edit Criteria	This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters: See Edit 0747/0747.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.
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Edit/Audit Inquiry Results Edit-301 ESC-1349

Edit Information

Edit Number	301	esc Number	1349	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS				
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service				
Edit Criteria	See Edit 0301/0301.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/1335 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1350

Edit Information

Edit Number	201	esc Number	1350	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Same DOS				
Long Desc	Duplicate Payment Request - Different Provider, Same Dates of Service				
Edit Criteria	See Edit 0201/0201.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-249

ESC-1351

Edit Information

Edit Number	249	esc Number	1351	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS				
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service				
Edit Criteria	See Edit 0249/0249.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/0301. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-747 ESC-1352

Edit Information

Edit Number	747	esc Number	1352	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Same DOS				
Long Desc	Duplicate Payment Request - Different Provider, Same Dates of Service				
Edit Criteria	See Edit 0747/0747.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/0301. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-301

ESC-1353

Edit Information

Edit Number	301	esc Number	1353	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS				
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service				
Edit Criteria	See Edit 0301/0301.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
-------	--	-----	--	------	--

Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/1335 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-201 ESC-1354

Edit Information

Edit Number	201	esc Number	1354	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Same DOS				
Long Desc	Duplicate Payment Request - Different Provider, Same Dates of Service				
Edit Criteria	See Edit 0201/0201.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-249

ESC-1355

Edit Information

Edit Number	249	esc Number	1355	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS				
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service				
Edit Criteria	See Edit 0249/0249.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0249/1342. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-747 ESC-1356

Edit Information

Edit Number	747	esc Number	1356	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Same DOS				
Long Desc	Duplicate Payment Request - Different Provider, Same Dates of Service				
Edit Criteria	See Edit 0747/0747.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0301/0301. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-1357

ESC-1357

Edit Information

Edit Number	1357	esc Number	1357	NCPDP Code	
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Short Desc	NPI Servicing Provider Not on File				
Long Desc	NPI Servicing Provider Not on File				
Edit Criteria	If the NPI servicing provider is not on the Provider Enrollment Database, set the edit. For COBA claim (CT 09, Media '7', Claim submit = 'EDI' or 'EDIM'), if there is a Medicare provider number on the claim, it is used for processing and this edit is not set.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	21
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		D	
		D	
EMC		D	
		D	
Adjustment		D	
		D	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1358

ESC-1358

Edit Information

Edit Number	1358	esc Number	1358	NCPDP Code	
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Short Desc	Zip Does Not Exists On Loc_Zip Data				
Long Desc	Zip Does Not Exists On Loc_Zip Data				
Edit Criteria	<p>If the claim was submitted with an NPI and the NPI has multiple service locations for the selected provider type, the claim zip code is used to determine the location.</p> <p>If the provider type is one that prices by provider specific rates: - If the zip code does not match any of the provider's locations or it matches more than one location, Edit 1397 is set.</p> <p>If the claim is priced by procedure region price based on provider FIPS: - If the zip code does not match any of the provider's locations and it is not on the Location/Zip Code Table, Edit 1358 is set.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	218	P	
	218	P	
EMC	218	P	
	218	P	
Adjustment	218	P	
	218	P	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible.
--

Resolution

(None)

Edit/Audit Inquiry Results Edit-1359

ESC-1359

Edit Information

Edit Number	1359	esc Number	1359	NCPDP Code	
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Short Desc	Billing Taxonomy Does Not Match Prov Type				
Long Desc	Billing Taxonomy Does Not Match Prov Type				
Edit Criteria	<p>If the claim was submitted with a billing NPI and the NPI has multiple provider types, the PT is determined as follows:</p> <ol style="list-style-type: none"> Special rules for non-standard provider types: <ul style="list-style-type: none"> If provider has PT 099 (Title 18 only) and other PT(s), PT 099 will be ignored If provider has PT 100 (TDO) and special process indicator is "T" (TDO) or "E" (Emergency TDO), PT 100 is used. If provider has PT 100 (TDO) and special process indicator is not "T" (TDO) or "E" (Emergency TDO), the other PT(s) are used. If provider has corresponding in and out of state PTs (i.e. 020 and 095), the in-state PT will be used. The claim billing taxonomy code is matched to the Taxonomy/PT X-reference. If the NPI does not have the PT that was found on the X-reference or the claim does not have a billing taxonomy code, other claim data is used to determine PT (See rules listed below). If PT cannot be determined by methods listed above: <ul style="list-style-type: none"> If the claim does not have a taxonomy code, set Edit 1394. If the claim has a taxonomy code and it does not x-reference to one of the provider's PTs, set Edit 1359. <p>Special Rules Using Claim Data</p> <p>If a provider is type 001 and 003 Use 003 if diagnosis code is psych Else Use 001</p>				

	End				
	If a provider is type 002 and 007 Use 007 if enrollee is < 21 Else Use 002 End				
	If a provider is type 009 and 011 Use 011 if bill type is 21X, 51X, 61X, 65X, or 66X Else Use 009 End				
	If a provider is type 059 and (047, 055, 063, 073 or 106) Use 059 if UB Else Use 'other' type if only one (1500) End				
	If a provider is class type 020 and 040 Use 020 if 1500 Else Use 040 (ADA/Dental) End				
	If a provider is type 062 and 064 Use 064 if procedure code is in the range L5000 – L9999 Else Use 062 End				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	218	P	
	218	P	
EMC	218	P	
	218	P	
Adjustment	218	P	
	218	P	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

For CT 09, disposition is "T". Edit will set to pend if more than 25 type locations exist for the billing NPI and taxonomy on the claim does not match the 25 type locations that were returned in adjudication.

Resolution

1. Override the edit and select < Enter >.
2. System will transfer to the Provider Location screen, PS-S-018, where all provider type locations will be displayed.
3. If there is one provider type location that matches the claim's taxonomy (check Image), select it.
4. If there is more than one location for the provider type that matches the claim's taxonomy, check claim for matching zip code. If zip code matches select it and press enter. If zip code does not match, enter remark 'more than one location for PCT. No zip code match', transfer to 219 until further notice.
5. If the claim's taxonomy does not match any provider type location and there is only one (1) provider type, deny the claim with edit 1359.
6. If the claim's taxonomy does not match any provider type location and there is more than one provider type, deny the claim with edit 1359.

Edit/Audit Inquiry Results Edit-374 ESC-1360

Edit Information

Edit Number	374	esc Number	1360	NCPDP Code	
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Short Desc	Invalid Combination of Surface Codes				
Long Desc	Invalid Combination of Surface Codes				
Edit Criteria	This edit is set when the current claims Tooth Surface is 'O' and there is a history claim with a Tooth Surface of 'I' for the same enrollee and same date of service. Different provider and different procedures are allowed.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	C	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		DENY	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-374 ESC-1361

Edit Information

Edit Number	374	esc Number	1361	NCPDP Code	
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Short Desc	Invalid Combination of Surface Codes				
Long Desc	Invalid Combination of Surface Codes				
Edit Criteria	This edit is set when the current claims Tooth Surface is 'I' and there is a history claim with a Tooth Surface of 'O' for the same enrollee and same date of service. Different provider and different procedures are allowed.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	C	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		DENY	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-374 ESC-1362

Edit Information

Edit Number	374	esc Number	1362	NCPDP Code	
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Short Desc	Invalid Combination of Surface Codes				
Long Desc	Invalid Combination of Surface Codes				
Edit Criteria	This edit is set when the current claims Tooth Surface is 'B' and there is a history claim with a Tooth Surface of 'F' for the same enrollee and same date of service. Different provider and different procedures are allowed.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	C	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		DENY	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-374

ESC-1363

Edit Information

Edit Number	374	esc Number	1363	NCPDP Code	
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Short Desc	Invalid Combination of Surface Codes				
Long Desc	Invalid Combination of Surface Codes				
Edit Criteria	This edit is set when the current claims Tooth Surface is 'F' and there is a history claim with a Tooth Surface of 'B' for the same enrollee and same date of service. Different provider and different procedures are allowed.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	C	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		DENY	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1364 ESC-1364

Edit Information

Edit Number	1364	esc Number	1364	NCPDP Code	
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Short Desc	Service NPI Not Found on Claim				
Long Desc	Service NPI Not Found on Claim				
Edit Criteria	<p>If the ICN date of the claim is on or after the compliance date, an NPI must be submitted; if not, set the edit.</p> <p>Exception #1: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than 200 (suspended for lack of NPI).</p> <p>Exception #2: Claim is an adjustment or void for adjustment reason 6000 – 6099 (Check Void) or 8000 - 8999 (Cash Receipt) with date of service before the compliance date, and the provider does not have an NPI on file, and the provider's Legacy number has any program code end reason.</p> <p>Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y

Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		D	
		D	
EMC		D	
		D	
Adjustment		D	
		D	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1365

ESC-1365

Edit Information

Edit Number	1365	esc Number	1365	NCPDP Code	
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Short Desc	Billing NPI not Found on Claim				
Long Desc	Billing NPI not Found on Claim				
Edit Criteria	<p>If the ICN date of the claim is on or after the compliance date, an NPI must be submitted; if not, set the edit.</p> <p>Exception #1: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI".</p> <p>Exception #2: Claim is an adjustment or void for adjustment reason 6000 – 6099 (Check Void) or 8000 - 8999 (Cash Receipt) with date of service before the compliance date, and the provider does not have an NPI on file, and the provider's Legacy number has any program code end reason.</p> <p>Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y

Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		D	
		D	
EMC		D	
		D	
Adjustment		D	
		D	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1366

ESC-1366

Edit Information

Edit Number	1366	esc Number	1366	NCPDP Code	
-------------	------	------------	------	------------	--

Short Desc	Referring Medicaid Provider ID Submitted after NPI Compliance Date				
Long Desc	Referring Medicaid Provider ID Submitted after NPI Compliance Date				
Edit Criteria	<p>If the ICN date of the claim is on or after the compliance date and a legacy referring provider number is submitted rather than the NPI, set the edit. The claim will not fail for this edit (since it is EOB) but the legacy number will be ignored in subsequent editing and processing (i.e. - managed care edits).</p> <p>Exception: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI".</p> <p>Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care	Y	Laboratory	Y

Transportation	Y	Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter		4	
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1367

ESC-1367

Edit Information

Edit Number	1367	esc Number	1367	NCPDP Code	
-------------	------	------------	------	------------	--

Short Desc	Attending Medicaid Provider ID Submitted after NPI Compliance Date				
Long Desc	Attending Medicaid Provider ID Submitted after NPI Compliance Date				
Edit Criteria	<p>If the ICN date of the claim is on or after the compliance date and a legacy attending provider number is submitted rather than the NPI, set the edit. The claim will not fail for this edit (since it is EOB) but the legacy number will be ignored in subsequent editing and processing (i.e. - managed care edits).</p> <p>Exception: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI".</p> <p>Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	

Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter		4	
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1368

ESC-1368

Edit Information

Edit Number	1368	esc Number	1368	NCPDP Code	
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Short Desc	First Other Medicaid Provider ID Submitted after NPI Compliance Date				
Long Desc	First Other Medicaid Provider ID Submitted after NPI Compliance Date				
Edit Criteria	<p>If the ICN date of the claim is on or after the compliance date and a legacy first other provider number is submitted rather than the NPI, set the edit. The claim will not fail for this edit (since it is EOB) but the legacy number will be ignored in subsequent editing and processing (i.e. - managed care edits).</p> <p>Exception: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI".</p> <p>Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	

Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter		4	
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1369

ESC-1369

Edit Information

Edit Number	1369	esc Number	1369	NCPDP Code	
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Short Desc	Second Other Medicaid Provider ID Submitted after NPI Compliance Date				
Long Desc	Second Other Medicaid Provider ID Submitted after NPI Compliance Date				
Edit Criteria	<p>If the ICN date of the claim is on or after the compliance date and a legacy second other provider number is submitted rather than the NPI, set the edit. The claim will not fail for this edit (since it is EOB) but the legacy number will be ignored in subsequent editing and processing (i.e. - managed care edits).</p> <p>Exception: Paper claim or generated claim (media not = "7" EDI or "9" encounter) with date of service before the compliance date, the provider does not have an NPI on file and the provider's Legacy number has a program code end reason other than "suspended for lack of NPI".</p> <p>Note: The compliance date is maintained on the RF_SYS_PARAMETER table. Currently it is 5/23/2008.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	

Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter		4	
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1370

ESC-1370

Edit Information

Edit Number	1370	esc Number	1370	NCPDP Code	
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Short Desc	Invalid Present on Adm Flag
Long Desc	Invalid Present on Admission Flag
Edit Criteria	<p>If the Present on Admission Flag is not equal to 'N', 'Y', 'U', or 'W' and the diagnosis code is not in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370), set the edit.</p> <p>The disposition was changed from test to deny for claims received on or after November 01, 2008.</p> <p>The edit was turned off on 01/28/2009.</p> <p>The edit was turned to test again on 07/01/2009 with an effective date of 11/1/2008 and the criteria to set the edit is given below.</p> <p>A. Edit1370 is done for paper UB04 and EDI claims.</p> <p>B. Edit 1370 will be applicable only on claims with Provider Types 001 (Hospital, In-state, General), 003 (Private Mental Hospital, Inpatient Psych) and 091 (Out-of-State-Hospital).</p> <p>C. If the Present on Admission (POA) Indicator (DE2052) is an 'N', 'Y', 'U' or 'W', bypass the edit.</p> <p>D. If the Present on Admission (POA) Indicator (DE2052) is not equal to 'N', 'Y', 'U' or 'W' but is '1' or '' (blank) and the corresponding diagnosis code is in the ICD-9 Value Set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370), bypass the edit.</p> <p>E. Otherwise, set the edit.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	

Type	O	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	S	Effective Date	7/1/2009	Revision Date	7/1/2009
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

The disposition was changed from test to deny for claims received on or after November 01, 2008. The edit was turned off on 1/28/2009. The edit was turned on again on 07/07/2009 with an effective

date of 11/8/2008. Crossovers and UB EMC have a disposition of Test; other media have a Deny disposition . On 8/1/2009, all dispositions became Deny except crossovers remain with Test.

Resolution

Override 1370 O if this is the only edit (1370T) seen in ALL fields. Once this is done the claim will repend the next day with the edit the claim is pending with in the correct location. This is a temporary work around. (updated 10/25/07).

The edit turned on with effective date 07/01/2009.

Edit/Audit Inquiry Results Edit-301 ESC-1371

Edit Information

Edit Number	301	esc Number	1371	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS				
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service				
Edit Criteria	See Edit 0301/0301.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0249/0249. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-249 ESC-1372

Edit Information

Edit Number	249	esc Number	1372	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Overlapping DOS				
Long Desc	Duplicate Payment Request - Same Provider, Overlapping Dates of Service				
Edit Criteria	See Edit 0249/0249.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	D	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

Refer to resolution instructions for edit 0249/1342. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-1373

ESC-1373

Edit Information

Edit Number	1373	esc Number	1373	NCPDP Code	
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Short Desc	Billing Prov must have a tax ID				
Long Desc	Billing Provider must have a tax ID				
Edit Criteria	If the billing provider does not have a tax id (FEIN or SSN) on the Provider Database, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter			
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Media S changed to PEND to location 100 for original, voids and adjustments as of 3/29/2007.

Resolution

(None)

Edit/Audit Inquiry Results Edit-301 ESC-1374

Edit Information

Edit Number	301	esc Number	1374	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Same DOS				
Long Desc	Duplicate Payment Request - Same Provider, Same Dates of Service				
Edit Criteria	See Edit 0301/0301.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	D	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	1/1/1979	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		D	
		D	
EMC		D	
		D	
Adjustment	100	P	
	100	P	
POS			
Encounter			
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-302 ESC-1375

Edit Information

Edit Number	302	esc Number	1375	NCPDP Code	
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Short Desc	Duplicate of History File Record - Same Provider, Same DOS				
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service				
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 301/301 for edit criteria.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	D	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		D	
		D	
EMC		D	
		D	
Adjustment	100	P	
	100	P	
POS			
Encounter			
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-249 ESC-1376

Edit Information

Edit Number	249	esc Number	1376	NCPDP Code	
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Short Desc	Duplicate Payment Request - Same Provider, Overlap DOS				
Long Desc	Duplicate Payment Request - Same Provider, Overlapping Dates of Service				
Edit Criteria	See Edit 249/0249 for criteria.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	Y
Type	D	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	1/1/1979	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		D	
		D	
EMC		D	
		D	
Adjustment	100	P	
	100	P	
POS			
Encounter			
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-330 ESC-1377

Edit Information

Edit Number	330	esc Number	1377	NCPDP Code	
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Short Desc	Duplicate of History File Record - Same Provider, Overlap DOS				
Long Desc	Duplicate of History File Record, Same Provider, Overlapping Dates of Service				
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 249/249 for edit criteria.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1378

ESC-1378

Edit Information

Edit Number	1378	esc Number	1378	NCPDP Code	
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Short Desc	Provider type/location cannot be determined for first other provider				
Long Desc	Provider type/location cannot be determined for first other provider				
Edit Criteria	CT 01 - provider type 46 (Hospice) with revenue code 658: If the first other provider is submitted with NPI: - If the NPI has multiple provider types, set the edit. - If the NPI has multiple provider locations and none or multiple locations match the enrollee's zip code on the Enrollee Database, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	218	P	
	218	P	
EMC	218	P	
	218	P	
Adjustment	218	P	
	218	P	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1379

ESC-1379

Edit Information

Edit Number	1379	esc Number	1379	NCPDP Code	
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Short Desc	No Zip Code On The Claim				
Long Desc	No Zip Code On The Claim				
Edit Criteria	If the claim was submitted with an NPI and the NPI has multiple service locations for the selected provider type, the claim zip code is used to determine the location. In this case, if the claim does not have a zip code and it is needed for pricing (claim prices by a provider specific rate or by procedure region price based on provider FIPS) , set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		D	
		D	
EMC		D	
		D	
Adjustment		D	
		D	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-1380

ESC-1380

Edit Information

Edit Number	1380	esc Number	1380	NCPDP Code	
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Short Desc	Payment Days Computation in Error				
Long Desc	Payment Days Computation in Error				
Edit Criteria	If the Payment Days calculation, which is determined by the quotient of the Coinsurance Amount to the Medicare Nursing Facility Coinsurance Amount, Coinsurance Rate, as defined in the System Parameter file by key XOVA-FACT8 for the effective claim date of service, leaves a remainder, set this edit. The edit indicates that the Coinsurance Amount billed was not a factor of the Medicare Coinsurance Rate. If this calculated Payment Days is greater than the Submitted Covered Days, choose the Submitted Covered Days to be the value for Payment Days, calculate the Cutback Days as the difference, and set this edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		TEST	
		TEST	
EMC		TEST	
		TEST	
Adjustment		TEST	
		TEST	
POS			
Encounter		0	
Special Batch		TEST	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1381

ESC-1381

Edit Information

Edit Number	1381	esc Number	1381	NCPDP Code	
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Short Desc	Invalid Tenth Diagnosis
Long Desc	INVALID TENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Tenth diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1382

ESC-1382

Edit Information

Edit Number	1382	esc Number	1382	NCPDP Code	
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Short Desc	Invalid Eleventh Diagnosis
Long Desc	INVALID ELEVENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Eleventh Diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1383

ESC-1383

Edit Information

Edit Number	1383	esc Number	1383	NCPDP Code	
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Short Desc	Invalid Twelfth Diagnosis
Long Desc	INVALID TWELFTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Twelfth Diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM)and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1384

ESC-1384

Edit Information

Edit Number	1384	esc Number	1384	NCPDP Code	
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Short Desc	Invalid Thirteenth Diagnosis
Long Desc	INVALID THIRTEENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Thirteenth diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1385

ESC-1385

Edit Information

Edit Number	1385	esc Number	1385	NCPDP Code	
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Short Desc	Invalid Fourteenth Diagnosis
Long Desc	INVALID FOURTEENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Fourteenth Diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1386

ESC-1386

Edit Information

Edit Number	1386	esc Number	1386	NCPDP Code	
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Short Desc	Invalid Fifteenth Diagnosis
Long Desc	INVALID FIFTEENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Fifteenth Diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1387

ESC-1387

Edit Information

Edit Number	1387	esc Number	1387	NCPDP Code	
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Short Desc	Invalid Sixteenth Diagnosis
Long Desc	INVALID SIXTEENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Sixteenth Diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1388

ESC-1388

Edit Information

Edit Number	1388	esc Number	1388	NCPDP Code	
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Short Desc	Invalid Seventeenth Diagnosis
Long Desc	INVALID SEVENTEENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Seventeenth Diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1389

ESC-1389

Edit Information

Edit Number	1389	esc Number	1389	NCPDP Code	
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Short Desc	Invalid Eighteenth Diagnosis
Long Desc	INVALID EIGHTEENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the Eighteenth Diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any</p>

	<p>of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1390 ESC-1390

Edit Information

Edit Number	1390	esc Number	1390	NCPDP Code	
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Short Desc	Invalid Patient's Reason for Visit Diagnosis Code
Long Desc	Invalid Patient's Reason for Visit Diagnosis Code
Edit Criteria	<p>The edit is set if the Patient's Reason for Visit Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1391 ESC-1391

NOTE: THIS EDIT WAS DISABLED ON 1/1/2012, WITH THE HIPAA 5010 PROJECT. THIS WAS REPLACED BY EDITS 0616 – 0619, 0766 – 0769, AND 0814 – 0817.

Edit Information

Edit Number	1391	esc Number	1391	NCPDP Code	
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Short Desc	Invalid External Cause of Injury Diagnosis Code
Long Desc	Invalid External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>The valid diagnosis format is either xnn, xnxx, or xnxxnn where x = E and n = 0 - 9</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1392

ESC-1392

Edit Information

Edit Number	1392	esc Number	1392	NCPDP Code	
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Short Desc	Servicing Taxonomy Does not Match Prov Type
Long Desc	Servicing Taxonomy Does not Match Prov Type
Edit Criteria	<p>If the claim was submitted with a servicing NPI and the NPI has multiple provider types, the PT is determined as follows:</p> <ol style="list-style-type: none"> 1. Special rules for non-standard provider types: <ul style="list-style-type: none"> - If provider has PT 099 (Title 18 only) and other PT(s), PT 099 will be ignored - If provider has PT 100 (TDO) and special process indicator is "T" (TDO) or "E" (Emergency TDO), PT 100 is used. - If provider has PT 100 (TDO) and special process indicator is not "T" (TDO) or "E" (Emergency TDO), the other PT(s) are used. - If provider has corresponding in and out of state PTs (i.e. 020 and 095), the in-state PT will be used. 2. The claim servicing taxonomy code is matched to the Taxonomy/PT X-reference. If the NPI does not have the PT that was found on the X-reference or the claim does not have a servicing taxonomy code, other claim data is used to determine PT (See rules listed below). 3. If PT cannot be determined by methods listed above: <ul style="list-style-type: none"> - If the claim does not have a taxonomy code, set Edit 1393 - If the claim has a taxonomy code and it does not x-reference to one of the provider's PTs, set Edit 1392. <p>Special Rules Using Claim Data</p> <p>If a provider is type 001 and 003 Use 003 if diagnosis code is psych Else Use 001 End</p>

	<p>If a provider is type 002 and 007 Use 007 if enrollee is < 21 Else Use 002 End</p> <p>If a provider is type 009 and 011 Use 011 if bill type is 21X, 51X, 61X, 65X, or 66X Else Use 009 End</p> <p>If a provider is type 059 and (047, 055, 063, 073, or 106) Use 059 if UB Else Use 'other' type if only one (1500) End</p> <p>If a provider is class type 020 and 040 Use 020 if 1500 Else Use 040 (ADA/Dental) End</p> <p>If a provider is type 062 and 064 Use 064 if procedure code is in the range L5000 – L9999 Else Use 062 End</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible. System generated claims with ICN media 'S' pend to location 218. Edit will set to pend if more than 25 type locations exist for the servicing NPI and taxonomy on the claim does not match the 25 type locations that were returned in adjudication.

Resolution

Updated 6/1/12
All locations with the same provider type: 1. Override the edit and select < Enter >.

2. System will transfer to the Provider Location screen, PS-S-018, where all provider type locations will be displayed.

3. If all the provider types are the same and there is a location that matches the city where the services were rendered (check Image – block 32 for CMS 1500 and the Provider address for UB04),

- Select the location, press enter and then press return. This will return you to the pend screen.

Select adjudication.

- If there is more than one location for the provider type that matches check claim for matching zip code. If zip code matches select the location and press return.

- If zip code does not match, select a matching city.

- If the zip code does not match and the city does not match, transfer to 219.

- If there is only one location, transfer to 219 until further notice.

Locations have different Provider Types

1. Override the edit and select < Enter >.

2. System will transfer to the Provider Location screen, PS-S-018, where all provider type locations will be displayed.

3. If all the provider types are different:

- Click on the procedure code button, then <PT Spec>.

- Note the provider types allowed to bill the procedure code

- Select <Sub Menu>

- Override the edit and select < Enter >.

- Select the matching provider type, press enter and then press return. This will return you to the pend screen. Select adjudication.

- If there is more than one location for the provider type that matches check claim for matching zip code. If zip code matches select the provider type and press return.

- If zip code does not match, select a matching provider type.

- If the provider type or zip code does not match, transfer to 219.

- If there is only one location, transfer to 219.

Edit/Audit Inquiry Results Edit-1393

ESC-1393

Edit Information

Edit Number	1393	esc Number	1393	NCPDP Code	
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Short Desc	No Srvc Taxonomy Code on the Claim				
Long Desc	No Srvc Taxonomy Code on the Claim				
Edit Criteria	See Edit 1392				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible. System generated claims with ICN media 'S' pend to location 218. Effectvie 1/1/2007, Xover B, programs 01, 02, 03, and 07, pend to location 217 for special batch and adjustments with and without attachments and to location 218 for paper claims with and without attachments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1394

ESC-1394

Edit Information

Edit Number	1394	esc Number	1394	NCPDP Code	
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Short Desc	No Bill Taxonomy Code on the Claim				
Long Desc	No Bill Taxonomy Code on the Claim				
Edit Criteria	See Edit 1359				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	218	P	
	218	P	
EMC	218	P	
	218	P	
Adjustment	218	P	
	218	P	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

For CT 09, disposition is "T"

Resolution

(None)

Edit/Audit Inquiry Results Edit-1395

ESC-1395

Edit Information

Edit Number	1395	esc Number	1395	NCPDP Code	
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Short Desc	Invalid Adjustment/Void with Medicaid Provider ID				
Long Desc	Invalid Adjustment/Void with Medicaid Provider ID				
Edit Criteria	If the claim meets the NPI compliance exception criteria (see Edits 1364, 1365) and it is an adjustment or void and the adjustment/void reason code is not 8000 – 8999 (cash receipts) or 6000 - 6099 (payment void), set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		D	
		D	
EMC		D	
		D	
Adjustment		D	
		D	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1396

ESC-1396

Edit Information

Edit Number	1396	esc Number	1396	NCPDP Code	
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Short Desc	Non -TDO Provider on TDO Claim				
Long Desc	Non -TDO Provider on TDO Claim				
Edit Criteria	If the claim was submitted with an NPI and the special process indicator is "T" (TDO) or "E" (Emergency TDO) and the NPI does not have TDO eligibility, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care		Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	320	P	
	320	P	
EMC	320	P	
	320	P	
Adjustment	320	P	
	320	P	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1397 ESC-1397

Edit Information

Edit Number	1397	esc Number	1397	NCPDP Code	
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Short Desc	Zip Code Could Not Determine Service Location				
Long Desc	Zip Code Could Not Determine Service Location				
Edit Criteria	<p>If the claim was submitted with an NPI and the NPI has multiple service locations for the selected provider type, the claim zip code is used to determine the location.</p> <p>If the provider type is one that prices by provider specific rates: - If the zip code does not match any of the provider's locations or it matches more than one location, Edit 1397 is set.</p> <p>If the claim is priced by procedure region price based on provider FIPS: - If the zip code does not match any of the provider's locations and it is not on the Location/Zip Code Table, Edit 1358 is set.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	21
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	218	P	
	218	P	
EMC	218	P	
	218	P	
Adjustment	218	P	
	218	P	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

CT 09 is set to "T" - claim will pay coinsurance and deductible.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-1398

ESC-1398

Edit Information

Edit Number	1398	esc Number	1398	NCPDP Code	
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Short Desc	Paper Claim Without NPI Reported on RA				
Long Desc	Paper Claim Without NPI Reported on RA				
Edit Criteria	If the claim meets the NPI compliance exception criteria (see Edits 1364, 1365, 1366, 1367, 1368, 1369) and the provider receives an 835 per the Provider Database, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter		0	
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1399

ESC-1399

Edit Information

Edit Number	1399	esc Number	1399	NCPDP Code	
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Short Desc	Cannot Combine Medicaid/Medicare ID and NPI				
Long Desc	Cannot Combine Medicaid/Medicare ID and NPI				
Edit Criteria	If the billing provider is NPI and the servicing provider is Medicaid or Medicare or vice versa, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		D	
		D	
EMC		D	
		D	
Adjustment		D	
		D	
POS			
Encounter		8	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)
